



STATE OF MARYLAND

DHMH

Department of Health and Mental Hygiene

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**MARYLAND BOARD OF SOCIAL WORK EXAMINERS**

4201 Patterson Avenue,  
Baltimore, Maryland 21215 – 2299  
Web Site: [www.dhmh.state.md.us/bswe/](http://www.dhmh.state.md.us/bswe/)

Phone Number: 410-764-4788  
Toll Free: 1-877-526-2541  
Fax: 410-358-2469

May 2009

Dear Applicant:

Enclosed is an application for social work licensure. Be certain that you understand the requirements for licensure by examination or by endorsement. The license application fee is non-refundable.

**Examination:**

In order to become a licensed social worker in Maryland an individual must pass the required examination administered through the Association of Social Work Boards (ASWB).

**Endorsement:**

If you have or had a social work license in another state and became licensed by taking the examination listed below (not a state constructed test) then apply by endorsement. Apply for the level which is comparable to the license you hold or held based on the level of examination you passed and Maryland's licensing requirements.

If your out-of-state social work license was obtained without taking the required examination then you will need to apply by examination.

**Examination Levels and Licensure Levels**

Bachelors Examination.....Licensed Social Work Associate  
(formerly Basic)

Masters Examination.....Licensed Graduate Social Worker  
(formerly Intermediate)

Advanced Generalist Examination.....Licensed Certified Social Worker  
(formerly Level C and Advanced)

Clinical Examination.....Licensed Certified Social Worker-Clinical

**PLEASE SUBMIT ORIGINAL DOCUMENTATION** and keep a copy for your records. On the reverse side of this sheet you will find the requirements for each of the levels of licensure. Also, included are detailed instructions for completing the various forms. **Please review all of the material very carefully.**

For further information or clarification, please contact the Board office at 410-764-4788 or toll free at 1-877-526-2541.

## MARYLAND BOARD OF SOCIAL WORK EXAMINERS

Social work practice in Maryland is governed by the Maryland Social Workers Act, Title 19 of the Health Occupations Article of the Annotated Code of Maryland and the Code of Maryland Regulations (COMAR) Title 10 Subtitle 42 Chapters 01 through 08. Licensure requirements are found in **§19-101, §19-302, §19-303, §19-304 and §19-305** and **COMAR 10.42.01.01 through 10.42.01.14**. Supervision requirements are found in **COMAR 10.42.01.08**. Title 19 and COMAR 10.42 should be thoroughly reviewed prior to submitting an application. The following information is provided as a synopsis of the licensing requirements and is not a substitute for thoroughly reviewing the statute and the regulations.

**LICENSING REQUIREMENTS:** An applicant shall be an individual who meets the general requirements of §19-302 (a)(1)(2)(3)(4)(5) and the following

**Social Worker Associate (LSWA) shall have:**

obtained a BACCALAUREATE DEGREE IN SOCIAL WORK from a program accredited by the Council on Social Work Education.

**Graduate Social Worker (LGSW) shall have:**

obtained a MASTER'S OF SOCIAL WORK DEGREE from a program accredited by the Council on Social Work Education.

**Certified Social Worker (LCSW) shall have:**

- 1) an active LGSW license;
- 2) obtained two years, consisting of not less than 104 weeks, of at least 3,000 hours of supervised social work experience;
- 3) 144 hours of periodic face-to-face supervision in the practice of social work which is obtained under a \*written contract for supervision and accountable to the employer; and
- 4) social work supervision provided by a qualified, registered and Board approved supervisor who is licensed at the Licensed Certified Social Worker level or the Licensed Certified Social Worker-Clinical level.

**Certified Social Worker-Clinical (LCSW-C) shall have:**

- 1) an active LGSW license;
- 2) documentation of twelve academic credit hours clinical course work from a social work program accredited by the Council on Social Work Education (6 of the 12 academic credit hours may be obtained from a BSW program);
- 3) two years, consisting of not less than 104 weeks, of at least 3,000 hours of supervised clinical social work experience in direct service to clients. Half (1,500) of the required hours shall consist of face-to-face client contact;
- 4) 144 hours of periodic direct face-to-face supervision while obtaining clinical social work experience which is obtained under a \*written contract for supervision and accountable to the employer;
- 5) supervision in the assessment, formulation of a diagnostic impression, and treatment of mental disorders and other conditions and the provision of psychotherapy; and
- 6) social work supervision provided by a qualified, registered and Board approved supervisor who is licensed at the Licensed Certified Social Worker-Clinical level.

*THE SOCIAL WORK EXPERIENCE OBTAINED FOR THE LCSW OR THE LCSW-C LICENSE MUST BE OBTAINED WHILE UNDER THE SUPERVISION OF A QUALIFIED, REGISTERED AND BOARD APPROVED SUPERVISOR. \*THE WRITTEN CONTRACT MUST BE INITIATED PRIOR TO STARTING SUPERVISION FOR ADVANCED LICENSURE. THE "CONTRACTUAL AGREEMENT – SUPERVISION FOR LCSW & LCSW-C LICENSURE" FORM IS POSTED ON THE BOARD'S WEB SITE ALONG WITH A LIST OF APPROVED SUPERVISORS.*

**IMPORTANT NOTICE:** In order to practice social work in Maryland an individual must be licensed by the Maryland Board. The Board will not accept any social work experience obtained in Maryland for advanced licensure which is obtained prior to an LGSW and/or when the social work supervisor is not Board approved.

## **LICENSURE APPLICATION INSTRUCTIONS**

► ALL DOCUMENTATION MUST BE ORIGINAL, ON THE FORMS CURRENTLY IN USE BY THE BOARD AND SUBMITTED AS A **COMPLETE** APPLICATION PACKET

► PLEASE SEE PAGES 4 & 5 OF THE INSTRUCTIONS FOR ADDITIONAL INFORMATION FOR APPLICANTS WHO OBTAINED EXPERIENCE & SUPERVISION OUTSIDE OF MARYLAND OR BETWEEN 1970 & 1990.

► INCORRECT AND INCOMPLETE APPLICATIONS WILL DELAY THE REVIEW AND APPROVAL PROCESS

### **APPLICATION FORM AND PROCESS**

All items on the application form must be completed and the "Applicant's Affidavit" must be signed and dated. It does not need to be notarized.

<b>Documentation</b>	<b>LSWA</b>	<b>LGSW</b>	<b>LCSW</b>	<b>LCSW-C</b>
Application Form	Yes	Yes	Yes	Yes
Application Fee \$100.00	Yes	Yes	Yes	Yes
3 Professional References	Yes	Yes	Yes	Yes
Contractual Agreement	No	No	* Yes	* Yes
	(* if experience & supervision obtained in MD since 07/01/2004)			
Official Transcript	**BSW	**MSW	MSW	MSW
	(** if in last semester see instructions)			
Summary Sheet	No	No	Yes	Yes
Employment Certification	No	No	Yes	Yes
Resume	No	No	Yes	Yes
Resume of Supervisor	No	No	***Yes	*** Yes
	(***)for out-of-state social work supervisors only)			
Verification Form	-----Yes for all levels- if applicable – see instructions-----			
Exam Score Report	Yes	Yes	Yes	Yes
	Basic	Masters	Advanced Generalist	Clinical

### **NAME**

Your name will appear on all documents and correspondence as you list it on the application form. Please note:

- 1) the name must be your **legal** name
- 2) the name on your driver's license or identification card must match
- 3) the license will be issued in the name listed on your application

## **QUESTIONS #1 THROUGH #6**

Answer all questions with a yes or no, for each question answered with a yes, please attach a detailed explanation. For questions #4 and #5 also provide a certified copy of the police/court record and final disposition.

## **OFFICIAL TRANSCRIPT**

### **FOR APPLICANTS WHO HAVE GRADUATE:**

The official seal of the college/university is required on all transcripts with the date the BSW or MSW degree was awarded/conferred. The official transcript must be submitted with the application, not sent from the college/university directly to the Board.

### **FOR AN APPLICANT IN HIS/HER LAST SEMESTER:**

An applicant in her/his last semester may apply with a letter from the Dean's or Registrar's office confirming that the applicant is in her/his last semester and expected to graduate. This letter must be included with the application.

## **FOREIGN DEGREES**

Applicants who possess foreign degrees must have their credentials reviewed by the Council on Social Work Education (CSWE) prior to making application to the Board. CSWE's written determination must be submitted with the application. [www.cswe.org](http://www.cswe.org) or 703-683-8080

## **VERIFICATION OF OUT-OF-STATE LICENSE(S)**

All applicants, either applying by examination or by endorsement, who have an active, inactive or non-renewed social work license(s) from jurisdictions other than Maryland, must provide a copy of the on-line verification of all licenses. If the licensing Board does not have on-line verification, please send the enclosed verification form to your licensing Board. The completed verification form should be returned to you and remain in the sealed envelope and be submitted with your application.

## **PROFESSIONAL REFERENCES**

All applicants are required to submit three (3) professional reference forms.

Professional Reference Forms completed by non-social work professionals may only be used as general references and not for purpose of documenting the hours of required supervision for advanced licensure.

Applicants for LCSW or LCSW-C licensure must submit professional reference form(s) which document the required years of social work experience and hours of supervision. (Please see the instructions on the professional reference form.) If one social work supervisor provided all of the required supervision hours, then the other two references will be general reference. The reference will only complete the bottom portion of the reference form.

## **CONTRACTUAL AGREEMENT FORM**

Effective July 1, 2004, per COMAR 10.42.08, all social work supervisors are required to be qualified, registered and Board approved and initiate a contractual agreement form with the LGSW supervisee before supervision and experience for advanced licensure is obtained in Maryland.

A “Contractual Agreement-Supervision for LCSW and LCSW-C Licensure” form needs to be attached to each corresponding Professional Reference Form which documents social work supervision obtained in Maryland since July 1, 2004.

**RESUME:** (for LCSW & LCSW-C applicants)

The applicant’s resume should document a complete employment history. For licensing purposes, your resume may need to be revised in order to provide a detailed description of the social work experience obtained while under social work supervision. The applicant for licensure at the LCSW-C level must document and describe **clinical** social work experience. Clinical social work experience is defined in the social work statute and in regulations. Please review Title 19, §19-302 (a) and (e) and COMAR 10.42.01.05 D (1) to (9) and 10.42.01.06.

**SUMMARY SHEET:** (for LCSW & LCSW-C applicants)

DO NOT include PRE-MSW or PRE-LGSW social work experience. DO NOT use the summary form like a resume. Include only the social work experience which corresponds to the dates under supervision recorded on line #1 on the Professional Reference Form(s). The hours of social work experience, social work supervision and for the LCSW-C, the face-to-face client contact hours, should correspond to the information contained on the Professional Reference Form(s).

**EMPLOYMENT CERTIFICATION:** (for LCSW and LCSW-C applicants)

This form is completed for each position held during the two year (104 weeks) employment period being documented for licensure purposes. The upper portion is completed by the Director or Personnel Officer. The social work supervisor who verified the supervision hours should **NOT** complete the lower portion, unless the social work supervisor is the Director and the agency does not have a personnel/human resources department. The social work supervisor(s) who documented hours of supervision on the Professional Reference Form(s) must be listed.

**MAILING LABELS**

Please provide at least six (6) return address labels.

**ASSOCIATION OF SOCIAL WORK BOARDS (ASWB) EXAMINATION LEVELS**

**Without exception,** all applicants must pass the examination administered by ASWB which is required for the licensure level. Please note: the Level C and the Advanced examinations given prior to 1990/1991 will qualify an applicant for licensure only at the LCSW level. [www.aswb.org](http://www.aswb.org)

The examination fee is paid to ASWB, the examinations are taken on computers and can be scheduled Monday through Saturday. The applicant knows immediately if she/he passed or failed the examination. The Board receives official score report from ASWB within one to two weeks and issues a license within a week of receipt of a passing score.

**OFFICIAL SCORE REPORT**

An applicant who passed the required examination for another jurisdiction must contact ASWB at 1-888-579-3926 or on line and request that an Official Score Report be sent to them. The Official Score Report should remain in the sealed envelope and submitted with the application.

## **OFFICIAL ADDRESS OF RECORD**

All social work licensees should be aware that the address provided to the Board is the official address of record to be kept in the Board's files and is considered part of a public record.

## **NOTIFICATION OF CHANGE IN NAME OR ADDRESS**

It is the responsibility of the applicant/licensee to notify the Board promptly of any change in contact information. The Board must be notified in writing of applicant's/licensee's name and/or address change. All communication from the Board, including your license, will be mailed to the address provided on the application form.

## **EXAMINATION REVIEW**

The Board adheres to ASWB's policy which does not permit candidates to review failed examinations.

## **USE OF DATES**

When a date is requested, please enter a date (month/day/year). Do NOT use the expression "to the present." It is appropriate to enter a date and also indicate "ongoing."

## **DOCUMENTATION**

All documentation and required forms must be submitted in **one** application packet. The applicant must use the forms currently in use by the Board and must contain original signatures. The Board cannot accept copied or faxed documents. It is recommended that applicants keep copies of all the documentation and communications submitted to the Board.

## **FEE**

A \$100.00 non-refundable application fee, payable to the Maryland Board of Social Work Examiners, by check or money order, is due with the application.

A \$75.00 non-refundable initial license fee is required after the applicant passes the examination. DO NOT SUBMIT THIS FEE WITH THE APPLICATION.

## **EXPERIENCE OBTAINED OUT- OF-STATE**

All social work experience obtained out-of-state must be obtained post MSW and post "licensure", if the applicant was required to be licensed, certified or registered.

All supervision required for licensure at the LCSW or LCSW-C level must have been provided by a licensed social worker whose credentials are comparable to the Maryland LCSW or LCSW-C. The social work supervisor must have obtained an MSW from a program accredited by the Council on Social Work Education and the clinical social work supervisor must have at least two years of clinical social work experience gained post MSW before supervision was provided.

All social work supervision provided needed to be accountable to the applicant's employer at the time the social work experience was obtained.

### **EXPERIENCE OBTAINED IN 1970's, 1980's 1990's**

When documenting social work experience gained under social work supervision, the supervisor(s) and employer(s) are required to complete the forms currently in use by the Board. Therefore, the applicant needs to make every attempt to contact/locate social work supervisor(s) who provided supervision and employers where the applicant worked while being supervised.

Many times social work supervisors can be located by calling licensing Boards who may share the address of record through the Federal Public Information Act. If supervisors cannot be located then the applicant can approach an administrator at the agency where she/he worked under the supervisor and request that the administrator, on letter head paper, answer the questions on the Professional Reference form.

If this is not possible then an applicant should contact the licensing Board and request that the Board provide copies of the licensing documentation to the applicant to include in her/his application to the Board.

It is a Board policy that the applicant must submit documentation of having met the licensing requirements through sources other than the applicant such as supervisors, agency administrators or licensing Boards.

### **SOCIAL WORK SUPERVISOR CANNOT BE LOCATED OR IS DECEASED**

If supervisor cannot be located, or are deceased, then the applicant can approach an administrator at the agency where she/he worked under the supervisor and request that the administrator, on letter head paper, answer the questions on Professional Reference form.

If this is not possible then an applicant should contact the licensing Board and request that the Board provide copies of the licensing documentation to the applicant to include in her/his application to the Board.

It is a Board that the applicant must submit documentation of having met the licensing requirements through sources other than the applicant such as supervisor, agency administrators or licensing Boards.



### EDUCATION

Name on Official Transcript \_\_\_\_\_

Degree ☐ BSW ☐ MSW Date of Degree \_\_\_\_\_

College / University \_\_\_\_\_ State \_\_\_\_\_

### LICENSES HELD

List **ALL** Social Work Licenses ( Active, Inactive or Non-Renewed) HELD in ANY state including Maryland.

State	License Number	Original License Date	Expiration Date	Inactive Date	History of Discipline	FOR BOARD USE ONLY
					YES NO	
					YES NO	
					YES NO	
					YES NO	
					YES NO	
					YES NO	

### ANSWER ALL QUESTIONS

FOR EACH QUESTION ANSWERED WITH A YES PLEASE ATTACH A DETAILED EXPLANATION.

FOR QUESTIONS # 4 AND # 5 ALSO PROVIDE A CERTIFIED COPY OF THE POLICE/COURT RECORD AND FINAL DISPOSITION.

Yes No

- ☐ ☐ 1. Have you provided social work services while under the influence of alcohol, a narcotic, a controlled dangerous substance, or other drug that is in excess of prescribed amounts or without valid medical indication?
- ☐ ☐ 2. Has any State Licensing or Disciplinary Board, or a comparable body in the Armed Services denied your application for licensure, reinstatement, renewal, or taken any action against your license, including but not limited to reprimand, suspension, or revocation?
- ☐ ☐ 3. Have you ever voluntarily surrendered your license due to a violation of state licensing law(s)?
- ☐ ☐ 4. Have you pled guilty to, nolo contendere to, been convicted of, or received probation before judgment for any criminal act (excluding misdemeanor traffic violations)?
- ☐ ☐ 5. Have you pled guilty to, nolo contendere to, been convicted of, or received probation before judgment for driving while under the influence of alcohol, while under the influence of alcohol per se, while impaired by alcohol, or while impaired by a drug, a combination of drugs, a combination of one or more drugs and alcohol, or while impaired by a controlled dangerous substance.
- ☐ ☐ 6. Has a claim for damages been awarded or settled against you resulting from a malpractice suit?

ALL FORMS / DOCUMENTATION MUST BE ORIGINALS

### APPLICANT'S AFFIDAVIT

I do hereby affirm that all statements made herewith are true and correct to the best of my knowledge and belief. Furthermore, I voluntarily consent to a thorough review of my present and past employment and other activities for the purpose of verifying my qualifications for licensure.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**MARYLAND BOARD OF SOCIAL WORK EXAMINERS**  
**4201 PATTERSON AVENUE, BALTIMORE, MARYLAND 21215-2299**  
**410-764-4788 or Toll Free: 1-877-526-2541 [www.dhmf.state.md.us/bswe/](http://www.dhmf.state.md.us/bswe/)**

**VERIFICATION OF LICENSE**

**ONLY COMPLETE THIS FORM IF THE APPLICANT HOLDS OR HELD A SOCIAL WORK  
LICENSE IN ANOTHER JURISDICTION.**

Please contact your licensure Board before sending this form as fees or other information may be needed  
to obtain the required written verification of your licensure status.

**This portion is COMPLETED BY THE APPLICANT:**

\_\_\_\_\_  
Name (please print) Previous Name (if applicable) (please print)

\_\_\_\_\_  
Address Street City State Zip Code

\_\_\_\_\_  
Date of Birth License Number Date First Issued

I authorize the \_\_\_\_\_ to release of the following information:  
Out-of State Licensing Board

\_\_\_\_\_  
Date Signature

.....  
**This portion is COMPLETED BY THE LICENSING BOARD.**

At what level is the applicant currently licensed? \_\_\_\_\_

Did the applicant take a written licensing examination? Yes\_\_\_ No\_\_\_. If yes, please indicate:

(a) Type of examination: \_\_\_PES \_\_\_ETS \_\_\_ASI or Other: \_\_\_\_\_

(b) Date of examination: \_\_\_\_\_

(c) Cut-off score: \_\_\_\_\_

(d) Applicant's Score: \_\_\_\_\_

(e) What level of examination did the applicant take?

\_\_\_Basic/Bachelors

\_\_\_Intermediate/Masters

\_\_\_Level C/Advanced/Advanced Generalist \_\_\_Clinical (exam available in & after 1991)

Is the applicant's license in good standing? Yes\_\_\_ No\_\_\_. If no, please attach a written explanation.

I hereby certify that the foregoing information is true and correct.

\_\_\_\_\_  
Name and Title (Please print) Signature Date

State Board Seal

THE MARYLAND BOARD OF SOCIAL WORK EXAMINERS

PROFESSIONAL REFERENCE FORM

THE FOLLOWING SECTION IS COMPLETED BY THE APPLICANT:

I am applying for Maryland social work licensure, by examination, at the level of:

( ) Licensed Social Work Associate "LSWA" ( ) Licensed Graduate Social Worker "LGSW"

( ) Licensed Certified Social Worker "LCSW" ( ) Licensed Certified Social Worker-Clinical "LCSW-C"

Applicant's Name Current Mailing Address City State Zip

Include area code: Home Phone Number Office Phone Number Cell Phone Number

TO: Name of Reference Address City State Zip

I am applying for social work licensure in Maryland at the above indicated level. Please answer the appropriate questions on side 2 AND RETURN THE ORIGINAL SIGNED FORM TO ME by:

Applicant's Signature Date

INSTRUCTIONS

The Professional Reference Form is used by all licensure levels. Please read the instructions regarding which portions of the form need to be completed for the licensure level. Side two of the form must be completed and signed by the reference.

LSWA and LGSW levels: ONLY COMPLETE STATEMENT #8 DO NOT COMPLETE #1 through #7

LCSW & LCSW-C levels: The social work supervisor (providing hours of supervision for advanced licensure) completes statements #1 through #8. For social work experience obtained Maryland, please note that the date supervision began cannot pre-date the issuance of the applicant's LGSW license.

Social work supervisors who are NOT licensed by the Maryland Board must attach a résumé

Non-social work professionals completing questions #8 do not submit a résumé

An applicant for licensure at the LCSW or LCSW-C levels must completed two years, 104 weeks, of supervised experience and document 144 hours of direct face-to-face supervision which must include at least 72 individual hours and may include 72 group hours. All of the 144 hours may be obtained from individual supervision. The size of the group cannot exceed six supervisees. Applicants for the LCSW-C level must document at least 1,500 hours of face-to-face client contact.

Please review and be familiar with all of the requirements for social work licensure (social work experience and social work supervision) for the advanced levels. The licensing requirements are in the Maryland Health Occ. Code Ann. ("H.O.") Title 19 and in the Code of Maryland Regulations Title 10 Subtitle 42.

MARYLAND BOARD OF SOCIAL WORK EXAMINERS

PROFESSIONAL REFERENCE FORM

Statement #8 and the affidavit are completed for LSWA & LGSW applicants

Statements #1 to #8 and the affidavit are completed by social work supervisors for LCSW & LCSW-C applicants

- 01) I supervised \_\_\_\_\_ from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_.  
(The date supervision began cannot pre-date the issuance date of the applicant's LGSW)
- 02) Total number of weeks the applicant worked under my supervision: \_\_\_\_\_ weeks.
- 03) While under my supervision the applicant worked \_\_\_\_\_ hours per week in social work practice which included \_\_\_\_\_ hours per week of face-to-face client contact.
- 04) Name and address of the **applicant's** social work **practice site**: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 05) Total number of **Individual** supervision hours: \_\_\_\_\_  
Total number of **Group** supervision hours: \_\_\_\_\_ Number of supervisees in the group \_\_\_\_\_  
(group size cannot exceed six supervisees)  
Grand total number of supervision hours: \_\_\_\_\_
- 06) Was the supervision you provided clinical social work supervision? ( )Yes ( )No  
*(Please note that clinical social work supervision must be provided to LCSW-C applicants.)*
- 07) Licensed Certified Social Worker-Clinical? ( )Yes ( )No. License No: \_\_\_\_\_ State: \_\_\_\_\_  
Licensed Certified Social Worker? ( )Yes ( )No. License No. \_\_\_\_\_ State: \_\_\_\_\_

►► Social work supervisors licensed in another jurisdiction other than Maryland need to attach a résumé ◀◀

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STATEMENT #8 IS COMPLETED BY ALL REFERENCES

(A reference cannot be a relative or friend)

- 08) I have known the applicant since \_\_\_\_\_ in the capacity of \_\_\_\_\_.  
(year) (student, supervisee, colleague)

AFFIDAVIT

I do solemnly declare and affirm, under the penalties of perjury, that the above statement(s) are true and correct, and I hereby recommend this applicant for licensure.

\_\_\_\_\_  
Please Print - Name of Reference/Supervisor Address City State Zip

\_\_\_\_\_  
Position/Title Phone Number Signature Date

THE MARYLAND BOARD OF SOCIAL WORK EXAMINERS

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Applicant's Name Current Mailing Address City State Zip

Include area code: Home Phone Number Office Phone Number Cell Phone Number

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- 04) Name and address of the **applicant's** social work **practice site**: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 05) Total number of **Individual** supervision hours: \_\_\_\_\_  
Total number of **Group** supervision hours: \_\_\_\_\_ Number of supervisees in the group \_\_\_\_\_  
(group size cannot exceed six supervisees)  
Grand total number of supervision hours: \_\_\_\_\_
- 06) Was the supervision you provided clinical social work supervision? ( )Yes ( )No  
*(Please note that clinical social work supervision must be provided to LCSW-C applicants.)*
- 07) Licensed Certified Social Worker-Clinical? ( )Yes ( )No. License No: \_\_\_\_\_ State: \_\_\_\_\_  
Licensed Certified Social Worker? ( )Yes ( )No. License No. \_\_\_\_\_ State: \_\_\_\_\_

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(year) (student, supervisee, colleague)

AFFIDAVIT

I do solemnly declare and affirm, under the penalties of perjury, that the above statement(s) are true and correct, and I hereby recommend this applicant for licensure.

\_\_\_\_\_  
Please Print - Name of Reference/Supervisor Address City State Zip

\_\_\_\_\_  
Position/Title Phone Number Signature Date

THE MARYLAND BOARD OF SOCIAL WORK EXAMINERS

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The Professional Reference Form is used by all licensure levels. Please read the instructions regarding which portions of the form need to be completed for the licensure level. Side two of the form must be completed and signed by the reference.

LSWA and LGSW levels: ONLY COMPLETE STATEMENT #8 DO NOT COMPLETE #1 through #7

LCSW & LCSW-C levels: The social work supervisor (providing hours of supervision for advanced licensure) completes statements #1 through #8. For social work experience obtained Maryland, please note that the date supervision began cannot pre-date the issuance of the applicant's LGSW license.

Social work supervisors who are NOT licensed by the Maryland Board must attach a résumé

Non-social work professionals completing questions #8 do not submit a résumé

An applicant for licensure at the LCSW or LCSW-C levels must completed two years, 104 weeks, of supervised experience and document 144 hours of direct face-to-face supervision which must include at least 72 individual hours and may include 72 group hours. All of the 144 hours may be obtained from individual supervision. The size of the group cannot exceed six supervisees. Applicants for the LCSW-C level must document at least 1,500 hours of face-to-face client contact.

Please review and be familiar with all of the requirements for social work licensure (social work experience and social work supervision) for the advanced levels. The licensing requirements are in the Maryland Health Occ. Code Ann. ("H.O.") Title 19 and in the Code of Maryland Regulations Title 10 Subtitle 42.

MARYLAND BOARD OF SOCIAL WORK EXAMINERS

PROFESSIONAL REFERENCE FORM

Statement #8 and the affidavit are completed for LSWA & LGSW applicants

Statements #1 to #8 and the affidavit are completed by social work supervisors for LCSW & LCSW-C applicants

- 01) I supervised \_\_\_\_\_ from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_.  
(The date supervision began cannot pre-date the issuance date of the applicant's LGSW)
- 02) Total number of weeks the applicant worked under my supervision: \_\_\_\_\_ weeks.
- 03) While under my supervision the applicant worked \_\_\_\_\_ hours per week in social work practice which included \_\_\_\_\_ hours per week of face-to-face client contact.
- 04) Name and address of the **applicant's** social work **practice site**: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 05) Total number of **Individual** supervision hours: \_\_\_\_\_  
Total number of **Group** supervision hours: \_\_\_\_\_ Number of supervisees in the group \_\_\_\_\_  
(group size cannot exceed six supervisees)  
Grand total number of supervision hours: \_\_\_\_\_
- 06) Was the supervision you provided clinical social work supervision? ( )Yes ( )No  
*(Please note that clinical social work supervision must be provided to LCSW-C applicants.)*
- 07) Licensed Certified Social Worker-Clinical? ( )Yes ( )No. License No: \_\_\_\_\_ State: \_\_\_\_\_  
Licensed Certified Social Worker? ( )Yes ( )No. License No. \_\_\_\_\_ State: \_\_\_\_\_

►► Social work supervisors licensed in another jurisdiction other than Maryland need to attach a résumé ◀◀

\*\*\*\*\*

STATEMENT #8 IS COMPLETED BY ALL REFERENCES

(A reference cannot be a relative or friend)

- 08) I have known the applicant since \_\_\_\_\_ in the capacity of \_\_\_\_\_.  
(year) (student, supervisee, colleague)

AFFIDAVIT

I do solemnly declare and affirm, under the penalties of perjury, that the above statement(s) are true and correct, and I hereby recommend this applicant for licensure.

\_\_\_\_\_  
Please Print - Name of Reference/Supervisor Address City State Zip

\_\_\_\_\_  
Position/Title Phone Number Signature Date

**MARYLAND BOARD OF SOCIAL WORK EXAMINERS**  
**SUMMARY SHEET**

Applicant's Name: \_\_\_\_\_ License Number: \_\_\_\_\_ License Issuance Date: \_\_\_\_\_

►► **DO NOT USE THIS FORM AS A RESUME – ONLY RECORD THE INFORMATION REQUIRED FROM THE PROFESSIONAL REFERENCE FORMS** ◄◄

- |  |   |
|--|---|
| <p>(1) Name(s) of <b>PRACTICE/EMPLOYMENT SITE</b>(s).</p> <p>(2) <b>DATES</b> of social work experience under social work supervision.</p> <p>(3) <b>WEEKS</b> of social work experience under social work supervision.</p> <p>(4) <b>HOURS</b> per week of social work experience under social work supervision.</p> <p>(5) <b>TOTAL</b> number of hours of social work experience under social work supervision.</p> <p>(6) Name(s) of Board approved <b>social work SUPERVISOR(S)</b> providing supervision under an employment contract and accountable to the employer.</p> <p>(7) Number of hours of face-to-face <b>CLIENT CONTACT</b></p> <p>(8) Number of <b>SUPERVISION</b> hours.</p> | <p>NOTE: An Employment Certification Form must be submitted for each site listed.</p> <p>NOTE: Use dates from line #1 on the Professional Reference Form.</p> <p>NOTE: Use weeks from line #2 on the Professional Reference Form.</p> <p>NOTE: Hours worked per week from line #3 on the Professional Reference Form.</p> <p>NOTE: The names listed column #6 must appear on the Employment Certification Form.</p> <p>NOTE: Hours from line #3 on the Professional Reference Form(s) &amp; multiplied by weeks.</p> <p>NOTE: Grand total hours from line #6 on the Professional Reference Form(s).</p> |
|--|---|

(1) PRACTICE/EMPLOYMENT SITE(S)	(2) DATES FROM	(2) DATES TO	(3) WEEKS		(4) HOURS		(5) Total	(6) SUPERVISOR(S)	(7) HOURS OF CLIENT CONTACT	(8) HOURS SUPERVISION
				X		=				
				X		=				
				X		=				
				X		=				
				X		=				
				X		=				

Total \_\_\_\_\_  
 (\*104 weeks)

Total \_\_\_\_\_  
 (\*3,000 hours)

Total \_\_\_\_\_ Total \_\_\_\_\_  
 \*\*1,500 hours) (\*144 hours)  
 (for LCSW-C level)

I do solemnly declare and affirm, under the penalties of perjury, that the above information is true and correct.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

MARYLAND BOARD OF SOCIAL WORK EXAMINERS

**EMPLOYMENT CERTIFICATION FORM**

I am applying for licensure at the \_\_\_\_\_ LCSW or \_\_\_\_\_ LCSW-C level.

Applicant's Name: \_\_\_\_\_  
First Middle Last

**THE FOLLOWING SECTION IS TO BE COMPLETED BY THE APPLICANT:**

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_  
Street City State Zip

Dates of Employment: From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Thru: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Employment Status: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_  
Hours per week Hours per week

Position(s) held while obtaining hours of social work experience under social work supervision:

\_\_\_\_\_

Name(s) of Supervisor(s): \_\_\_\_\_  
(List ALL supervisor(s) completing the Professional Reference Form(s))

**APPLICANT'S AFFIDAVIT:** I do solemnly declare and affirm, under the penalties of perjury, the above information is true and correct.

\_\_\_\_\_  
Date Applicant's Signature

.....

**THE FOLLOWING SECTION IS TO BE COMPLETED BY THE EMPLOYER:**

This section is to be completed by the Director or Personnel Officer at the agency where the applicant was employed while obtaining social work experience under social work supervision. This section should not be completed by the applicant's social work supervisor unless the agency does not have a Personnel Officer or an Administrator other than the supervisor.

I certify that the applicant, \_\_\_\_\_, was employed by the agency named  
above in the capacity of \_\_\_\_\_.  
Position Held

Name of person completing the form: \_\_\_\_\_ Title: \_\_\_\_\_  
(Please Print)

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_  
Street City State Zip

**EMPLOYER'S AFFIDAVIT:** I do solemnly declare and affirm, under the penalties of perjury, that the information provided on this form is true and correct.

\_\_\_\_\_  
Date Print Name Signature Title

MARYLAND BOARD OF SOCIAL WORK EXAMINERS

**EMPLOYMENT CERTIFICATION FORM**

I am applying for licensure at the \_\_\_\_\_ LCSW or \_\_\_\_\_ LCSW-C level.

Applicant's Name: \_\_\_\_\_  
First Middle Last

**THE FOLLOWING SECTION IS TO BE COMPLETED BY THE APPLICANT:**

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_  
Street City State Zip

Dates of Employment: From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Thru: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Employment Status: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_  
Hours per week Hours per week

Position(s) held while obtaining hours of social work experience under social work supervision:

\_\_\_\_\_

Name(s) of Supervisor(s): \_\_\_\_\_  
(List ALL supervisor(s) completing the Professional Reference Form(s))

**APPLICANT'S AFFIDAVIT:** I do solemnly declare and affirm, under the penalties of perjury, the above information is true and correct.

\_\_\_\_\_  
Date Applicant's Signature

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**THE FOLLOWING SECTION IS TO BE COMPLETED BY THE EMPLOYER:**

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I certify that the applicant, \_\_\_\_\_, was employed by the agency named  
above in the capacity of \_\_\_\_\_.  
Position Held

Name of person completing the form: \_\_\_\_\_ Title: \_\_\_\_\_  
(Please Print)

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_  
Street City State Zip

**EMPLOYER'S AFFIDAVIT:** I do solemnly declare and affirm, under the penalties of perjury, that the information provided on this form is true and correct.

\_\_\_\_\_  
Date Print Name Signature Title

MARYLAND BOARD OF SOCIAL WORK EXAMINERS

**EMPLOYMENT CERTIFICATION FORM**

I am applying for licensure at the \_\_\_\_\_ LCSW or \_\_\_\_\_ LCSW-C level.

Applicant's Name: \_\_\_\_\_  
First Middle Last

**THE FOLLOWING SECTION IS TO BE COMPLETED BY THE APPLICANT:**

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_  
Street City State Zip

Dates of Employment: From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Thru: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Employment Status: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_  
Hours per week Hours per week

Position(s) held while obtaining hours of social work experience under social work supervision:

\_\_\_\_\_

Name(s) of Supervisor(s): \_\_\_\_\_  
(List ALL supervisor(s) completing the Professional Reference Form(s))

**APPLICANT'S AFFIDAVIT:** I do solemnly declare and affirm, under the penalties of perjury, the above information is true and correct.

\_\_\_\_\_  
Date Applicant's Signature

.....

**THE FOLLOWING SECTION IS TO BE COMPLETED BY THE EMPLOYER:**

This section is to be completed by the Director or Personnel Officer at the agency where the applicant was employed while obtaining social work experience under social work supervision. This section should not be completed by the applicant's social work supervisor unless the agency does not have a Personnel Officer or an Administrator other than the supervisor.

I certify that the applicant, \_\_\_\_\_, was employed by the agency named  
above in the capacity of \_\_\_\_\_.  
Position Held

Name of person completing the form: \_\_\_\_\_ Title: \_\_\_\_\_  
(Please Print)

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_  
Street City State Zip

**EMPLOYER'S AFFIDAVIT:** I do solemnly declare and affirm, under the penalties of perjury, that the information provided on this form is true and correct.

\_\_\_\_\_  
Date Print Name Signature Title